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DATE: November 8, 2005

PTO IDENTIFIER: Application Number 10/524,268-Conf. #4114

Patent Number

Inventor: Christoph Adami et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Matthew J. Mason

PHONE: (202) 331-7111

Attorney Dkt #: 12810-00022-US

PAGES (Including Cover Sheet): 9

CONTENTS: Transmittal Letter (2 pages)  
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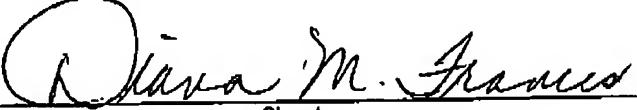
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Attorney Docket No.: 12810-00022-US

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Docket No.: 12810-00022-US  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of:  
Christoph Adami et al.

Application No.: 10/524,268

Group Art Unit: 1621

Filed: February 11, 2005

Examiner: Not Yet Assigned

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For: METHOD AND DEVICE FOR PRODUCING  
FORMIC ACID FORMATES AND USE OF  
SAID FORMATES

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TRANSMITTAL LETTERCommissioner for Patents  
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Dear Sir:

Applicant is in receipt of Notice of Recordation of Assignment Document issued by the U.S. Patent & Trademark Office on September 30, 2005 (enclosed herewith). The Applicant notes that a typographical error in the spelling of the name of the second Assignor has been recorded in error as shown in the attached Notice of Recordation of Assignment. Applicant requests that the name of the Assignor be corrected to read as follows:

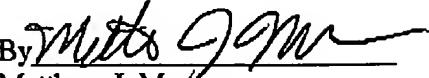
ASSIGNOR: JORN, KARL

Since the error was inadvertently imposed by the U.S. Patent & Trademark Office, Applicant believes that no fee is due at this time. A copy of the Recordation Cover Sheet and Assignment as filed on July 29, 2005 is also enclosed for your reference. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 22-0185, under Order No. 12810-00022-US.

426074

Dated: November 8, 2005

Respectfully submitted,

By   
Matthew J. Mason

Registration No.: 44,904  
CONNOLLY BOVE LODGE & HUTZ LLP  
1990 M Street, N.W., Suite 800  
Washington, DC 20036-3425  
(202) 331-7111  
Attorneys for Applicant

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12810/00022  
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WASHINGTON, DC 20036-3425

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RECORDATION DATE: 08/02/2005

REEL/FRAME: 016605/0468  
NUMBER OF PAGES: 4

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).  
DOCKET NUMBER: 12810-00022-US

ASSIGNOR: ADAMI, CHRISTOPH DOC DATE: 08/29/2003

ASSIGNOR: KARL, JOM DOC DATE: 08/29/2003

ASSIGNOR: HAUK, ALEXANDER DOC DATE: 08/29/2003

ASSIGNOR: BOHLING, RALF DOC DATE: 08/29/2003

ASSIGNOR: PASTRE, JORG DOC DATE: 08/29/2003

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NO. 9016 P. 7/9

016605/0468 PAGE 2

ASSIGNOR:  
LENZ, ROBERT

DOC DATE: 08/29/2003

ASSIGNEE:  
BASF AKTIENGESELLSCHAFT  
PATENTS, TRADEMARKS AND LICENSES  
GVX-C006  
LUDWIGSHAFEN, GERMANY D-67056

SERIAL NUMBER: 10524268

FILING DATE: 02/11/2005

PATENT NUMBER:

ISSUE DATE:

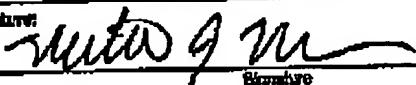
TITLE: METHOD AND DEVICE FOR PRODUCING FORMIC ACID FORMATES AND USE OF  
SAID FORMATES

DOROTHY WILLIAMS, PARALEGAL  
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RECORDATION FORM COVER SHEET PATENTS ONLY	
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
<p>1. Name of conveying party(ies): Christoph Adam (08/29/2005), Jörn Kart (08/29/2005), Alexander Hauk (08/29/2005), Ralf Böhling (08/29/2005), Additional name(s) of conveying party(ies) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Nature of conveyance/Exclusion Date(s): Execution Date(s): In parentheses after inventor name  <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name  <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement  <input type="checkbox"/> Government Interest Assignment  <input type="checkbox"/> Executive Order 9424, Confirmatory License  <input type="checkbox"/> Other _____</p>	<p>2. Name and address of receiving party(ies) Name: <b>BASF AKTIENGESELLSCHAFT</b> Internal Address: _____ Street Address: _____</p> <p>Patents, Trademarks and Licenses GVX-C006</p> <p>City: <b>Ludwigshafen</b> State: _____ Country: <b>Germany</b> Zip: <b>D-67058</b> Additional name(s) &amp; address(es) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No attached: _____</p>
<p>4. Application or patent number(s): A. Patent Application No. (s) 10524,288</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> This document is being filed together with a new application.</p> <p>B. Patent No.(s)</p>
<p>5. Name and address to whom correspondence concerning document should be mailed Name: <b>Matthew J. Mason</b> <b>CONNOLLY BOVE LODGE &amp; MUTZ LLP</b> Home Address: Attn. OBL: 12810-00022-US Street Address: 1980 M Street, N.W., Suite 800</p> <p>City: <b>Washington</b> State: <b>DC</b> Zip: <b>20036-3425</b> Phone Number: <b>(202) 331-7111</b> Fax Number: <b>(202) 293-6229</b> Email Address: <b>MMason@cblh.com</b></p>	<p>6. Total number of applications and patents involved: <b>1</b></p> <p>7. Total fee (37 CFR 1.21(f) &amp; 3.41) \$ <b>40.00</b>  <input type="checkbox"/> Authorized to be charged by credit card  <input checked="" type="checkbox"/> Authorized to be charged to deposit account  <input type="checkbox"/> Enclosed  <input type="checkbox"/> None required (government interest not affecting file)</p> <p>8. Payment Information  a. Credit Card Last 4 Numbers _____  Expiration Date _____  b. Deposit Account Number <b>22-0185</b>  Authorized User Name <b>Matthew J. Mason</b></p>
<p>9. Signature:  Signature</p> <p>Matthew J. Mason - 44,904 Name of Person Signing</p>	<p>July 29, 2005 Date</p> <p>Total number of pages including cover sheet, attachments, and documents: <b>6</b></p>

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<b>Additional Conveying Party(ies)/Execution Date(s) (1. Continued):</b>	
Jrg Peatre (08/28/2003), and Robert Lenz (08/28/2003)	
<b>Additional Assignees (2. Continued):</b>	
Assignee Name: _____	
Internal Address:	
Street Address:	
City: _____ State: _____ Country: _____ Zip: _____	
Assignee Name: _____	
Internal Address:	
Street Address:	
City: _____ State: _____ Country: _____ Zip: _____	
Assignee Name: _____	
Internal Address:	
Street Address:	
City: _____ State: _____ Country: _____ Zip: _____	
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Additional Patent Application Numbers 4A. Continued:	Additional Patent Numbers 4B. Continued:
Additional numbers attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	